

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>	68904	9/19/60
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	M M	572	11/27/62
RESPONSE FORMALITY REVIEW	TR	1112	2/5/63

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
—	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
:	Restricted	O	Objected

Claim	Date	Claim	Date	Claim	Date
Final Original 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50		Final Original 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50		Final Original 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	

If more than 150 claims or 10 actions
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2/31/65